



PART I - AGENCY/CLINIC INFORMATION

Agency Name					
The Heidi Group					
Clinic Name (Clinic Requesting Waiver)					
Rio Grande Women's Clinic					
Clinic Address (Clinic Requesting Waiver - Physical Address)	City	County		State	ZIP
2502 E Richardson Rd	Edinburg	Hidalg	0	TX	78542
Contact Name	Contact Telephone Number		Contact Email	Address	
Toni Moman	512-255-2088		toni@heidi	group.or	g

PART II - PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 76180 5120 N 10th St. McAllen, TX 78503
- b) The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

PART III - PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to them.

PART IV - MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V - POLICY

Signature

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized of follow-all procedures outlined above for the provision of pharmaceuticals to eligible	representative of the agency named above, I warrant that the agency will e clients.
Signature Jos She Heidi Droup	12/28/2016 Date
Orginature /	Date
Class D Pharmacy Exemption Granted: ☐ Yes ☐ No	

Revised 9/30/16 EF05-14426

to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH Edinburg OB Clinic will be billed for the prescriptions and in turn will seek reimbursement

(Name of Pharmacy)

(Doctor or Clinic)

has an agreement with RGRH Edinburg OB Clinic

(Doctor or Clinic)

 Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring): anti-infectives for the treatment of STIs and other infections; and other medications necessary to treat health care needs of the family planning patient population.
This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribe medication at no personal cost and no additional clinic visits.
Pharmacy Representative Compliance Ufficer Title Date
Pharmacy Address: 1901 511st St. 5120 N10th St We Allen, TV Mc Allen, TX 78503 (956)-686-3716
2-28-16
Date



The Heidi Group/Rio Grande Women's Clinic Edinburg will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in Edinburg chooses to provide prescriptions by Memo of Understanding (1b).

- 1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
- 2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
- 3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.



Clinic 12 of 22

Health and Human

Services Commission

Family Planning Program Class D Pharmacy License Exemption Request

PART I - AGENCY/CLINIC INFORMATION

TAKT T AGENOTOLING IN OKNATION					
Agency Name					
The Heidi Group					
Clinic Name (Clinic Requesting Waiver)					
Rio Grande Women's Clinic					
Clinic Address (Clinic Requesting Waiver - Physical Address)	City	County		State	ZIP
1/4 Mile W Buena Vista & Hwy 83	La Joya	Hidalg	0	TX	78560
Contact Name	Contact Telephone Number		Contact Email A	Address	
Toni Moman	512-255-2088		toni@heidi	group.or	g

PART II - PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 76180 5120 N 10th St. McAllen, TX 78503
- b) The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

PART III - PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to them.

PART IV - MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdemal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V - POLICY

Signature

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative of the follow all procedures autlined above for the provision of pharmaceuticals to eligible clients.	ne agency named above, I warrant that the agency will
Signature Low Le Leidie Drough	12/28/2016 Date
Class D Pharmacy Exemption Granted: ☐ Yes ☐ No	

Revised 9/30/16 EF05-14426

to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

RGRH La Joya OB Clinic will be billed for the prescriptions and in turn will seek reimbursement

(Name of Pharmacy)

has an agreement with RGRH La Joya OB Clinic

(Doctor or Clinic)

(Doctor of Clinic)
The agreement is for the pharmacy to fill the following generic medications:
 Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring): anti-infectives for the treatment of STIs and other infections; and other medications necessary to treat health care needs of the family planning patient population.
This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribe medication at no personal cost and no additional clinic visits.
Pharmacy Representative Title
Pharmacy Address: 1901 S 15+5+ 5120 N 10h 5+ 90 McAllen, Tx 76180 McAllen, Tx 78503 (956) 686-3716
Physician or Clinic Representative 2-15 Date

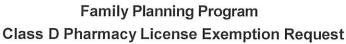


The Heidi Group/Rio Grande Women's Clinic La Joya will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in La Joya chooses to provide prescriptions by Memo of Understanding (1b).

- 1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
- 2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
- 3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.









PART I - AGENCY/CLINIC INFORMATION

City	County		State	ZIP
McAllen	Hidalg	0	TX	78501
Contact Telephone Number		Contact Email	Address	
512-255-2088		toni@heidi	group.or	g
	McAllen Contact Telephone Number	McAllen Hidalg Contact Telephone Number	McAllen Hidalgo Contact Telephone Number Contact Email A	McAllen Hidalgo TX Contact Telephone Number Contact Email Address

PART II - PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with full pharmacy at Rio Grande Hospital, 101 East Ridge Road in McAllen. There is also a relationship with Lee's Pharmacy (MoU included) which has two locations in the city. 1901 S 1st St. McAllen, TX 76180 5120 N 10th St. McAllen, TX 78503
- b) The RX's can be delivered by hospital pharmacy courier to the patient at the clinic site. The patient also has easy access to this pharmacy as it is directly across the street from the clinic site. If necessary for patient to make a second trip, patient may access pharmacy by personal transportation, bus line, or ride sharing service. Promotories may schedule transportation and private churches may provide transportation for distant clients because of the geographic make-up of the area and the need for adequate healthcare.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. The Rio Grande Hospital pharmacy is located in the same building as the administration of the Rio Grande Clinic sites.

PART III - PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately requested and delivered by the partner pharmacies. The association between the Clinic and the pharmacies allows clients qualified for the Family Planning Program to receive treatment and medications at no cost to them.

PART IV - MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V - POLICY

Signature

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver re	quest are truth	ful and, as the authorized representa	ative of the agency named above	ve, I warrant that the agency will
Signature Level To	of The	Ludi Group		2/28/2016
		300040 00005 00009 0000000000000000000000		
Class D Pharmacy Exemption Granted:	□ Yes	□ No		

Revised 9/30/16 EF05-14426

has an agreement with RGRH McAllen OB Clinic (Name of Pharmacy) (Doctor or Clinic) to fill prescriptions for patients in the Family Planning Program at no cost to the patient.
RGRH McAllen OB Clinic will be billed for the prescriptions and in turn will seek reimbursement (Doctor or Clinic)
The agreement is for the pharmacy to fill the following generic medications:
 Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring): anti-infectives for the treatment of STIs and other infections; and other medications necessary to treat health care needs of the family planning patient population.
This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.
Pharmacy Representative Title Date Da
Pharmacy Address: 1901 S 18+ St. 5120 N 104 St. McAllen Tx 76180 McAllen, Tx 78503 (956) 686-3716
Physician or Clinic Representative Date





The Heidi Group/Rio Grande Women's Clinic McAllen will provide the following documentation and services for the patients being treated through the Family Planning Program. The Rio Grande Clinic in McAllen chooses to provide prescriptions by Memo of Understanding (1b).

- 1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
- 2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
- 3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.







PART I - AGENCY/CLINIC INFORMATION

City	County		State	ZIP
Marble Falls	Burnet	t	TX	78654
Contact Telephone Number		Contact Email A	Address	
512-255-2088	19	toni@heidi	group.or	g
	Marble Falls Contact Telephone Number	Marble Falls Burner Contact Telephone Number	Marble Falls Contact Telephone Number Contact Email A	Marble Falls Burnet TX Contact Telephone Number Contact Email Address

PART II - PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The clinic has a relationship with the pharmacies selected. Atkins Pharmacy is .9 miles from the clinic and Atkins Express Pharmacy is 1.9 miles from the clinic. Both are easily accessible by foot or automobile. Atkins Pharmacy 701 3rd St. Marble Falls, TX 78654 (830) 693-2972 Atkins Express 2607 US-281 Marble Falls, TX 78654 (830) 693-3784
- b) This small city is growing rapidly and has a mix of low income and high income residents. Public transportation is not available but the population is accustomed to traveling distances to receive services. The pharmacies provide a central location for clients to access by shared rides, bicycle, foot or automobile.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic RX for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

PART III - PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program at no cost to them. The clinic plans to apply for a Class D Pharmacy license.

PART IV - MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdemal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V - POLICY

Signature

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are tri	uthful and as the authorized representative of	the agency named above, I warrant that the agency will
follow all procedures outlined above for the provision Signature	of pharmaceuticals to eligible clients.	12/28/2016 Date
Class D Pharmacy Exemption Granted: ☐ Yes	□ No	

Revised 9/30/16 EF05-14426

Scoggins Family Clinic

MEMO OF UNDERSTANDING

Chais ty Scoques Family Claric will be billed for the prescriptions and in turn will seek reimbursement (Doctor or Clinic)

Atkins Phalmacy has an agreement with Cheisty Scoggio (Name of Pharmacy) (Doctor or Clinic) to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

The agreemer	nt is for the pharmacy to fill the follo	wing generic medications:	
e	transdermal hormonal contracept (ring):	onal contraceptive methods (oral contracepti tives (patch); and vaginal hormonal contrace;	
.	anti-infectives for the treatment of other medications necessary to trepopulation.	or 51 is and other intections; and reat health care needs of the family planning	patien
· •-	nt is to ensure no barrier is created t no personal cost and no additional	to keep the patient from the receiving the procelling visits.	scribe
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<u>_</u> _	(michael Lucey)	150	
		PIC	
Pharmacy Rep	presentative	Title	
12-18	2016		
Date			
Pharmacy Add	iress: MOI 3rd St. Marble Fall		
-	Marble Fall	s, Tx 78654	
1	, (4	30) 693-2972	
MM	Hy Scagalmi		
Physician or Cl	linic Representative	•	
120	71110		

Afkins Express has an agreement with Christy Scoop in Family Clinic (Name of Pharmacy)						
(Name of Pharmacy) (Doctor or Clinic)						
to fill prescriptions for patients in the Family Planning Program at no cost to the patient.						
Christy Sagar Had Chinwill be billed for the prescriptions and in turn will seek reimbursement (Doctor or Clinic)						
The agreement is for the pharmacy to fill the following generic medications:						
 Non-clinician administered hormonal contraceptive methods (oral contraceptives; 						
transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring):						
e anti-infectives for the treatment of STIs and other infections; and						
 other medications necessary to treat health care needs of the family planning patient population. 						
This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.						
Residet Com						
Pharmacy Representative Title						
12-28-2016						
Date						
Pharmacy Address: 2607 US-281						
Marble Fouls, Tx 18654						
, (830) LA3-3184						
UNIUSTU SCOGGIMO						
Physician or Clinic Representative						
12/11/10						
Date						





The Heidi Group/Christy Scoggins Family Clinic will provide the following documentation and services for the patients being treated through the Family Planning Program. The Christy Scoggins Family Clinic chooses to provide prescriptions by Memo of Understanding (1b).

- 1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
- 2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
- 3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.





PART I - AGENCY/CLINIC INFORMATION

Agency Name					
The Heidi Group					
Clinic Name (Clinic Requesting Waiver)					
Treat Now Family Clinic					
Clinic Address (Clinic Requesting Waiver - Physical Address)	City	County		State	ZIP
2916 Kraft St. Suite 60	Arlington	Tarrar	nt	TX	76010
Contact Name	Contact Telephone Number		Contact Email /	Address	
Toni Moman	512-255-2088		toni@heidi	group.or	g

PART II - PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The Pharmacy is located 6.7 miles from the clinic site. The clinic has a relationship with the pharmacy. A-Class Pharmacy LLC 4907 S. Collins St., Ste 141 Arlington, TX 76018 (817) 466-7420
- b) The patient may access the pharmacy by bus line, personal transportation or a ride sharing service. The clinic and pharmacy are located in an accessible area for clients eligible for the Family Planning Program.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

PART III - PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program at no cost to them. The clinic is in the process of applying for a Class D Pharmacy license.

PART IV - MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdermal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V - POLICY

Signature

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

thing Child In The Fish Stone	The facts affirmed by me in this waiver request are truthful and, as the authorized representative follow all procedures outlined above for the provision of pharmaceuticals to eligible clients.	
Signature / //	Signature Signature	12/28/2016
	Signature Two The Herde Drough	

Revised 9/30/16 EF05-14426

Page:

2

MEMO OF UNDERSTANDING

1	(Name of Pharmacy) (Name of Pharmacy) (Doctor or Clinic)
12 market 1 m	to fill prescriptions for patients in the Family Planning Program at no cost to the patient.
· Professor Burgoss	Trat Now Jamely Cliniwill be billed for the prescriptions and in turn will seek reimbursement (Doctor or Clinic)
2000 to 1000 t	The agreement is for the pharmacy to fill the following generic medications:
en investigation of the court in	 Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives (ring): anti-infectives for the treatment of STIs and other infections; and other medications necessary to treat health care needs of the family planning patient population.
Mestally of the	This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.
のできない。 1987年 - Andrew Comment of the Comment of	Bildad Eyong HAT: Office Operations Manager Title 12/26/16 Date A-Class Planmacy LLC Pharmacy Address: 4907 S. Collins St., Ste 141 Arlington, TX 76018 (817) 446-7420 Catterine Orion Physician or Clinic Representative 12-26/16 Date
	EIDI EIDI



The Heidi Group/Treat Now Family Clinic Arlington will provide the following documentation and services for the patients being treated through the Family Planning Program. The Treat Now Clinic in Arlington chooses to provide prescriptions by Memo of Understanding (1b).

- 1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
- 2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
- 3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.







PART I - AGENCY/CLINIC INFORMATION

Agency Name					
The Heidi Group					
Clinic Name (Clinic Requesting Waiver)					
Treat Now Family Clinic					
Clinic Address (Clinic Requesting Waiver - Physical Address)	City	County		State	ZIP
108 A Southwest 6th Ave.	Mineral Wells	Palo Pinto		TX	76067
Contact Name	Contact Telephone Number		Contact Email	Address	
Toni Moman	512-255-2088	088 toni@heidigroup.org		g	

PART II - PHARMACY REFERRAL PROCESS

Briefly describe the process through which patients will obtain medications from referral pharmacy/pharmacies. Include:

- a) location of referral pharmacy/pharmacies in relation to clients and clinic site,
- b) discussion of elimination of barriers to clients receiving medications, and
- c) how the agency/clinic will ensure that clients will not incur additional costs to obtain medication.
- a) The Pharmacy was selected for location and relationship with the clinic. It is next door to the clinic. Best Value Waddy Pharmacy 106 SW 6th Ave. Mineral Wells, TX 76067
- b) The patient may access the pharmacy by foot as it is next door to the clinic site.
- c) The signed MoU Agreement with the pharmacy clearly states that there is to be no cost to the patient and that they will provide generic prescription for contraceptive methods; non-clinician administered hormonal contraceptive methods; antibiotics for treatment as needed. Clinic has an on-going relationship with the pharmacy. A clinic or agency credit card will be kept on file.

PART III - PHARMACY EXEMPTION JUSTIFICATION

Briefly provide justification of the benefits to the agency and/or clients for requesting a Class D pharmacy license exemption.

The exemption will allow the clinic to provide a prescription which can be immediately dispensed by the partner pharmacy. This exemption will allow the Provider Clinic/Agency to provide prescriptions for clients qualified for the Family Planning Program. Without access to the proper medications at no cost to them. The clinic is in the process of applying for a Class D Pharmacy license.

PART IV - MEMORANDUM OF UNDERSTANDING (MOU)

Provide a copy of a signed and fully executed MoU with the referral pharmacy/pharmacies. The MoU must include the purpose of cooperation and detail coordination between the agency/clinic and referral pharmacy/pharmacies to provide the following medications:

- a) non-clinician administered hormonal contraceptive methods (oral contraceptives, transdemal hormonal contraceptives "patch", or vaginal hormonal contraceptives "ring");
- b) anti-infectives for the treatment of STIs and other infections; and

PART V - POLICY

Signature

Provide a copy of the agency's/clinic's policy that ensures clients can obtain prescribed medication refills from the cooperating pharmacy/pharmacies without an additional clinic visit (unless medically indicated/necessary).

The facts affirmed by me in this waiver request are truthful and, as the authorized representative followall procedures outlined above for the provision of pharmaceuticals to eligible clients. Signature	of the agency named above, I warrant that the agency will 1/3/2017 Date
Class D Pharmacy Exemption Granted: ☐ Yes ☐ No	

Revised 9/30/16 EF05-14426

Best Value Waddy Pharmacy, 106 SW 6th Avenue, Mineral Wells, Texas 76067 has an agreement with Treat Now Family Clinic, 108 A SW Avenue, Mineral Wells, Texas 76087 to fill prescriptions for patients in the Family Planning Program at no cost to the patient.

Treat Now Family Clinic will be billed for the prescriptions and in turn will seek reimbursement.

The agreement is for the pharmacy to fill the following generic medications at the usual and customary

- Non-clinician administered hormonal contraceptive methods (oral contraceptives; transdermal hormonal contraceptives (patch); and vaginal hormonal contraceptives
- anti-infectives for the treatment of STIs and other infections; and
- other medications necessary to treat health care needs of the family planning patient

This agreement is to ensure no barrier is created to keep the patient from the receiving the prescribed medication at no personal cost and no additional clinic visits.

01/3/2017	02:37 PST	TO:15122552582	FROM:8176333401
		MEMO OF U	NDERSTANDING
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		(10)	etio,



The Heidi Group/Treat Now Family Clinic Mineral Wells will provide the following documentation and services for the patients being treated through the Family Planning Program. The Treat Now Clinic in Mineral Wells chooses to provide prescriptions by Memo of Understanding (1b).

- 1. Prescriptions will be provided by the clinic in **one** of the following three ways.
 - a. Provide a Class D Pharmacy License number.
 - b. Provide a Memo of Understanding between the clinic and a pharmacy to provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The pharmacy will invoice the clinic for the payment who in turn will be reimbursed through the Family Planning Program. Birth control prescriptions will be written to continue through August 2017.
 - c. Provide a prescription for the patient directly to a participating (1) Walmart (first choice) or (2) Walgreens (backup) which will be paid by the provider by a credit card listed on the prescription. The prescription will be faxed or e-mailed to the pharmacy. The selected pharmacy will provide generic, non-clinician administered hormonal contraceptive methods and antibiotics for the treatment of STIs and other infections at no charge to the patient. The credit card will be retained on file for each patient individually for future refills. Birth control prescriptions will be written to continue through August 2017.
- 2. Refills from the partner pharmacy/pharmacies will be prescribed without an additional clinic visit unless medically indicated/necessary and at no charge to the patient.
- 3. If the clinic does not have a Class D Pharmacy License, it may apply, but will currently provide prescriptions in one of the interim processes described in 1b and 1c.

